Qualified Mental Retardation Professional

The Role and Responsibilities of the QMRP in the ICF/MR setting.

Qualifications:

- SOM Appendix J - To be considered a QMRP the individual must have **at least one year of experience working directly with persons with mental retardation or other developmental disabilities** (W160); and be one of the following:

Qualifications:

- **A doctor of medicine osteopathy**. (W161)
- **A registered nurse**. (W162)
- **An individual who holds at least a bachelor's degree in a professional category specified in paragraph (b)(5)** of section §483.430. (W163)

Qualifications:

- An occupational therapist (W171)
- A physical therapist (W173)
- A psychologist (W175)
- A social worker (W176)
- A speech language pathologist (W177)
- A professional recreation staff member (W178)
- A dietician (W179)
- A human service professional (W180)

Qualified Mental Retardation Professional

Responsibilities

COP: Facility Staffing

- Is met when:
  - The COP of Active Treatment is met and,
  - The COP of Client Protections is met.

W159

- Each client’s active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.

The QMRP

W159: Facility Practices

- There is an assigned qualified mental retardation professional (QMRP).

W159: Facility Practices

- There are sufficient numbers of QMRPs to accomplish the job.
  - *The test of whether the number of QMRPs is adequate rests with the ability of the facility to provide the services described in §483.430(a) in an effective manner. The number will vary depending on such factors as the number of individuals the facility serves, the complexity of needs manifested by these individuals, the number, qualifications and competencies of additional professional staff members, and whether or not other duties are assigned to the QMRP function.*

W159: Facility Practices

- The QMRP observes individuals, reviews data and progress, and revises programs based on individual need and performance.

W159: Facility Practices

- The QMRP ensures consistency among external and internal programs and disciplines.

W159: Facility Practices

- The QMRP ensures service design and delivery which provides each individual with an appropriate active treatment program.

Active Treatment:

- Individuals have developed increased skills and independence in functional life areas; and
- In the presence of degenerative or other limiting conditions, individuals' functioning is maintained to the maximum extent possible; and

Active Treatment: (continued)

- Individuals receive continuous, competent training, supervision and support which promotes skills and independence; and
- Individuals need continuous, competent training, supervision and support in order to function on a daily basis

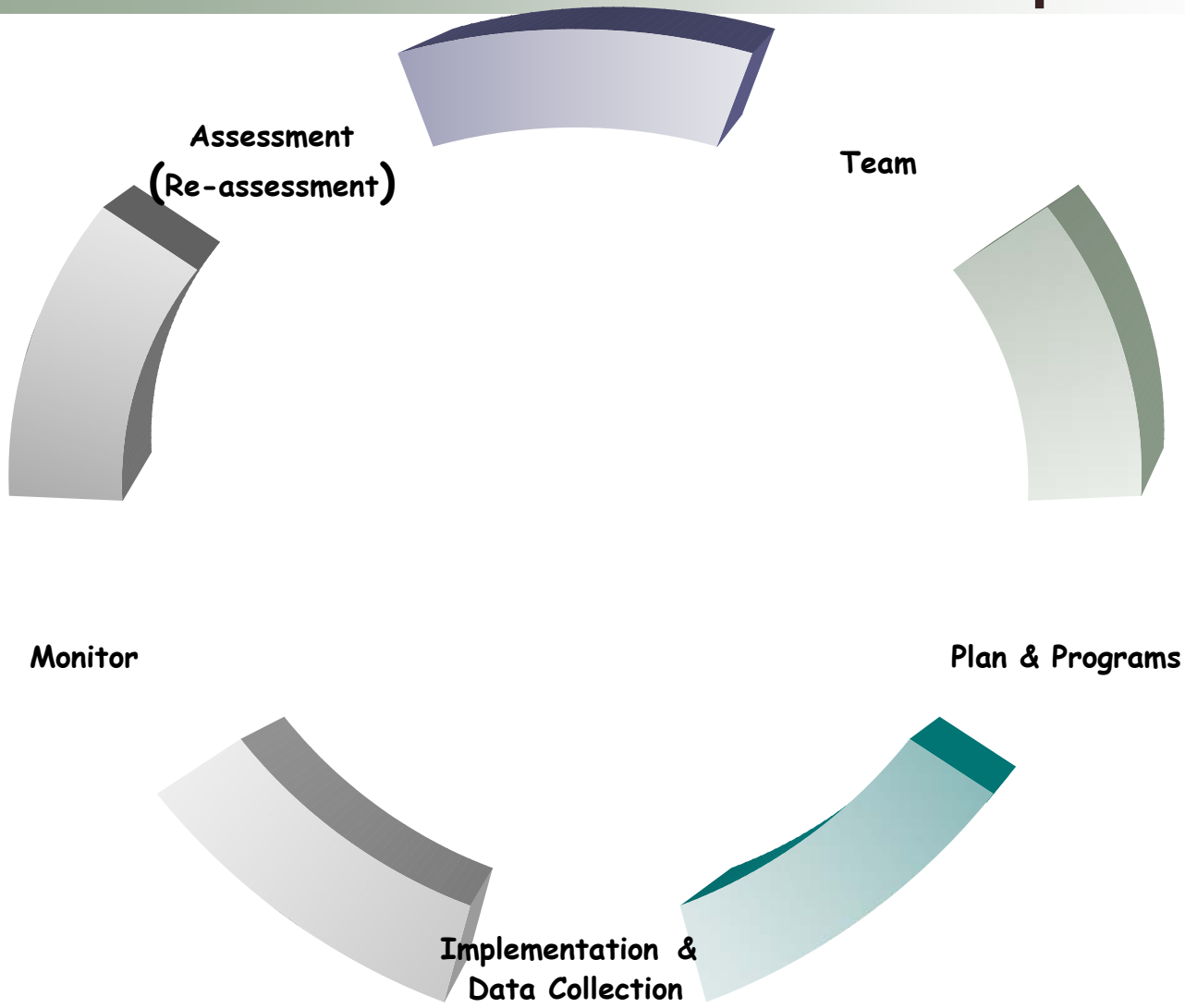
W196:

- Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward--

W196: (continued)

- The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and
- The prevention or deceleration of regression or loss of current optimal functional status.

Active Treatment Loop



W159: Facility Practices

- The QMRP ensures that any discrepancies or conflicts between programmatic, medical, dietary, and vocational aspects of the individual's assessment and program are resolved.

W159: Facility Practices

- The QMRP ensures a follow-up to recommendations for services, equipment or programs.

W159: Facility Practices

- The QMRP ensures that adequate environmental supports and assistive devices are present to promote independence.

Assessment of the QMRP Function

- View the person serving in the QMRP role as pivotal to the adequacy of the program the individual receives, since it is this role that is intended to ensure that the individual receives those services and interventions necessary by competent persons capable of delivering them. The paramount importance of having person competent to judge and supervise active treatment issues cannot be overstated.

W159: Probes

- Are the QMRP functions actually being carried out, or is paperwork simply reviewed?

W159: Probes

- Are timely modifications of unsuccessful programs or development of programs for unaddressed, but significant needs made or ensured by the QMRP function?

W159: Probes

- Are program areas visited and are performance and problems of individuals discussed?

W159: Probes

- Does the plan flow from only the original diagnosis/assessment? Does it take into consideration interim progress on plans and activities?

W159: Probes

- Does the QMRP make recommendations and requests on behalf of individuals?
  - How does the facility respond?

The QMRP

Conclusion